PTO/SB/80 (11-04)

Approved for use through 11/30/2005. OMB 0651-0035

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I hereb	y revoke all previous powers o	f attorney give	n in the applic	ation identified	in the attached stat	ement under
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	actitioners associated with the Custom	ner Number:	247	37		
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Pr	actitioner(s) named below (if more than	n ten patent practi	itioners are to be	named, then a cus	tomer number must be u	rsed):
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as attorne	ey(s) or agent(s) to represent the unde	rsigned before the	e United States Pa	atent and Tradema	ark Office (USPTO) in co	nnection with
any and a	all patent applications assigned <u>only</u> to to this form in accordance with 37 CFF	the undersigned :	according to the U	JSPTO assignmen	t records or assignment	documents
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X.	The address associated with Custome	er Number:	2473	7		
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	m or dividual Name					
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City			State		Zip	
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Assignee	Name and Address:					
		KONINKLI	JKE PHIL	IPS ELECT	TRONICS N.V.	
		Groenewo	udseweg	1		
		5621 BA	Eindhove	n, The Ne	etherlands	
A copy	of this form, together with a stat	tement under 3	7 CFR 3.73(b)	Form PTO/SB/9	96 or equivalent) is r	equired to be
the prac	each application in which this fo titioners appointed in this form	if the appointe	d practitioner	is authorized to	/3(b) may be comple act on behalf of the	ted by one of assignee.
and mus	st identify the application in whi	ch this Power	of Attorney is t	o be filed.		,
	The individual whose signal		of Assignee of I		behalf of the assignee	
Signature	Mullade	May	m		Date 14 Janua	ry 2005
Name	Michael E. Mario	n			Telephone (914)	333-9637
Title	Authorized Repre	sentativ	e			

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application from to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

0/538582

JC20 Rec'd PCT/PT0 1 5 JUN 2005

Approved for use through 07/31/2006. OMB 0651-0031

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **STATEMENT UNDER 37 CFR 3.73(b)** Applicant/Patent Owner: Koninklijke Philips Electronics N.V. Application No./Patent No.: Concurrently Filed/Issue Date: Concurrently Entitled: METHOD OF CODING VIDEO STREAMS FOR LOW-COST MULTIPLE DESCRIPTION Koninklijke Philips Electronics N.V. corporation (Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.) states that it is: 1. It the assignee of the entire right, title, and interest; or 2.

an assignee of less than the entire right, title and interest. The extent (by percentage) of its ownership interest is in the patent application/patent identified above by virtue of either: A. [] An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached. OR B. [] A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown To: -The document was recorded in the United States Patent and Trademark Office at ____, Frame ___, or for which a copy thereof is attached. The document was recorded in the United States Patent and Trademark Office at , or for which a copy thereof is attached. The document was recorded in the United States Patent and Trademark Office at , Frame _, or for which a copy thereof is attached. [] Additional documents in the chain of title are listed on a supplemental sheet. [] Copies of assignments or other documents in the chain of title are attached. [NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08] The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee. Russell Gross Reg. 40,007 (914) 333-9631 Telephone number Signature

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Corporate Counsel

PTO/SB/01 (03-01)
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DECLARA		FOR UTILITY OR	L First Named Inventor IVIDAGIA VAD GGF SC					
PATE		ESIGN APPLICATION	COMPLETE IF KNOWN					
(37 C	FR 1.63)	Application Number	1				
☑Declaration Submitted	d OR Submitted after Initial		Filing Date					
With Initial Filing			Group Art Unit					
riiiig			Examiner Name					

As a be	low named inve	entor, I hereby declare tha	nt:			
My resid	dence, post office	e address, and citizenship a	are as stated below next to	o my name.		
		rst and sole inventor (if only one ect matter which is claimed and				al names
	/	OING VIDEO STREAM				N
				•		
•	cification of which	(Title of the	e Invention)			
	attached hereto					
OR		2000				
☐ wa	s filed on (MM/DD/	(****)	as United States App	olication Number or	PCT Internationa	
Application	Number	and	was amended on (MM/DD/Y)	(YY)	(if	applicable).
	te that I have revie referred to above.	wed and understand the conte	nts of the above identified spe	ecification, including	g the claims as am	ended
applications	s, material informati	lose information which is mater ion which became available becontinuation-in-part application.	tween the filing date of the pri	in 37 CFR 1.56, inc or application and	cluding for continu the national or PC	ation-in-part T
		penefits under 35 U.S.C. 119(a		oreign application(s) for patent invent	or's or plant
breeder's ri	ghts certificate(s),	or 365(a) of any PCT internati	ional application which design	nated at least one	country other that	n the United
		v and have also identified belo or of any PCT international ap				
	ign Application		Foreign Filing Date	Priority	Certified Copy	Attached?
Nu	mber(s)	Country	(MM/DD/YYYY) Country	Not Claimed	YES	NO
						🗆
Additio	nal foreign applicat	ion numbers are listed on a su	nnlamental priority data shee	PTO/SB/02B attac	ched hereto:	

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

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Philips Electronics North America Corporation								
Name								
580 White Plains Rd.								
Address								
Tarrytown	NY				10)591-5	5190	
City	State	<u>, </u>			Z	IP		
U.S.A.		(914)332	-0222		(914) 332-0615		
Country			Telepho	one		Fax	K	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SOLE OR FIRST INVENTOR:		A petitio	n has	been f	iled for th	nis ur	nsigned inventor	
Given Name <u>MIHAELA</u> (first and middle [if any])			4	ly Nam Irname		DER	<u>SCHAAR</u>	
Inventor's Signature X Mud Schaar					Date λ	0	dec 7, 6003	
,	NY	-		USA	,	1	NETHERLANDS/	
OSSINING	Stat	ie .		Count	try	F	ROUMANIA	
Residence: City	:						Citizenship	
121 S. HIGHLAND AVENUE, #5K								
Mailing Address								
OSSINING	NY			10562		ļι	USA	
City	Stat	State		Zip			Country	
NAME OF SECOND INVENTOR:	A petition	n has be	en filed	d for th	is unsigr	ned ir	nventor	
Given Name DEEPAK SRINIVA	\S			ly Nam irname		AGA		
Inventor's Signature				-	Date			
CROTON-ON -HUDSON	NY			USA		IN	NDIA	
Residence: City	Stat	State		Country		С	Citizenship	
23 F SCENIC DRIVE	_							
Mailing Address								
CROTON-ON-HUDSON	NY			10520		Tυ	ISA	
City	Stat	te	-	Zip		- 1	ountry	
Additional inventors are being named on the	supp	plemental /	Additiona	al Invento	or(s) sheet	(s) PT	O/SB/02A attached hereto.	

[Page 2 of 2]

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

⊠Declaration Submitted With Initial Filing

OR

□ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

ed to respond to a confection of information directs it contains a valid office soften			
Attorney Docket Num	ber US 020578		
First Named Inventor	Mihaela Van der S	chaar	
co	MPLETE IF KNOWN		
Application Number	1		
Filing Date			
Group Art Unit			
Examiner Name			

As a below named inve	ntor, I hereby declare tha	t:			
My residence nost office	address, and citizenship a	are as stated helow next to	n my name		
	•		•		
I believe I am the original, fir are listed below) of the subje	st and sole inventor (if only one ect matter which is claimed and	e name is listed below) or an I for which a patent is sought	original, first and jo on the invention en	int inventor (if pl ititled:	ural names
METHOD OF COL	ING VIDEO STREAM	MS FOR LOW-COST	MULTIPLE I	DESCRIPT	ION
				•	
the specification of which	(Title of the	e Invention)			
is attached hereto					
OR					
was filed on (MM/DD/	YYYY)	as United States App	plication Number or	PCT Internation	nal
Application Number	and	was amended on (MM/DD/Y)	m)		(if applicable).
I hereby state that I have review specifically referred to above.	wed and understand the conte	nts of the above identified spe	ecification, including	g the claims as a	mended
applications, material informati	lose information which is mater on which became available bet continuation-in-part application.	tween the filing date of the pri	in 37 CFR 1.56, in ior application and	cluding for conti the national or F	nuation-in-part PCT
	penefits under 35 U.S.C. 119(a		reign application/s) for natent inve	entor's or plant
breeder's rights certificate(s),	or 365(a) of any PCT internati	ional application which design	nated at least one	country other th	nan the United
breeder's rights certificate(s), claimed.	v and have also identified below or of any PCT international ap	plication having a filing date	before that of the	application on w	hich priority is
Prior Foreign Application		Foreign Filing Date	Priority	Certified Cop	y Attached?
Number(s)	Country	(MM/DD/YYYY) Country	Not Claimed	YES	NO
Additional foreign applicat	ion numbers are listed on a su	pplemental priority data shee	t PTO/SB/02B attac	ched hereto:	

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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Direct all correspondence to:	Customer Numb or Bar Code Lab		•	24737*		OR	•	Correspondance address	
Philips Electronics North America Corporation Name									
580 White Plains Rd.						·			
Address									
Tarrytown		NY			10591-5190				
City		State		ZIP)		
U.S.A.			(914)332-0	0222			(914) 332-0615	
Country				Telephor	ne			Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SOLE OR FIRST INVENTOR: [petitio	n has b	een fi	led for	this	s unsigned inventor	
Given Name (first and middle [if any])	1IHAELA	Family Name or Surname			e VA	VAN DER SCHAAR			
Inventor's Signature						Date	Date		
		NY			USA			NETHERLANDS/	
OSSINING		State			Count	ry		ROUMANIA	
Residence: City			•			Citizenship			
121 S. HIGHLAND AVENUE, #5K									
Mailing Address									
OSSINING		NY			10562			USA	
City	····	State		, Zip		Zip		Country	
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor									
(first and middle life and)	EEPAK SRINIVAS			Family or Sur		e <u>TU</u>	JRA	<u>GA</u>	
Inventor's Signature	sepati					Date	X	10/17/2003	
CROTON-ON -HUDSON		NY			USA	/		INDIA	
Residence: City		State			Country			Citizenship	
23 F SCENIC DRIVE									
Mailing Address									
Mailing Address CROTON-ON-HUDSON		NY			10520			USA	